

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/10/2014
NAME OF PROVIDER OR SUPPLIER ROSEWALK AT LUTHERWOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RITTER AVE INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey, completed on January 2, 2014.</p> <p>Survey Date: February 10, 2014.</p> <p>Facility Number 011587 Provider Number 011587 AIM Number: NA</p> <p>Survey Team: Tom Stauss, RN, TC Beth Walsh, RN</p> <p>Census Bed Type: Residential: 98 Total: 98</p> <p>Census Payor Type: Medicaid: 49 Other: 49 Total: 98</p> <p>Sample: 5</p> <p>Rosewalk At Lutherwoods was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on February 11, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE